

MASSACHUSETTS REHABILITATION COMMISSION
NOMINATION FORM
50th ANNIVERSARY OUTSTANDING SERVICE AWARDS

Mail to: Diane Long
MRC Awards Coordinator, DDS
P.O. Box 8009
Worcester, MA 01614
Fax: 508.797.1562

This form is due by **May 31, 2006**.

Name of Individual/Company/Organization nominated:

Work Address: _____
Street

_____ Phone () _____
City Zip Code

Is the organization a non-profit? Yes _____ No _____

Name of Nominator: _____ Phone () _____

Relationship of Nominator to Nominee: _____

Signature of Nominator: _____ Date: _____

Criteria for MRC outstanding service awards:

- | | |
|-------------------|--|
| Leadership | Commitment to innovation and the development of comprehensive services to consumers with disabilities |
| Dedication | Significant achievements in improving the life of consumers with disabilities |
| Advocacy | Commitment to the philosophy of independent living and the financial independence of consumers with disabilities |

Please check one selection below to nominate your individual, company or organization for a specific award:

- ☐ Independent Living Center
- ☐ Community Rehabilitation Provider
- ☐ Employer
- ☐ Homeless Shelter
- ☐ Assistive Technology Provider
- ☐ Consumer Advocacy (individual)
- ☐ Disability Advocacy (organization)
- ☐ Other

Please explain how your nominee exemplifies the following criteria (**leadership**, **dedication** or **advocacy**) to qualify for the award you have checked.
